

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Family Planning

GRANT PROGRAM NO. 06-44-FP

STATUTORY AUTHORITY:

Title X of the Public Health Service Population Act

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide funds to support clinical family planning and related services throughout the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on State and federal appropriations of funds to the Department. Approximately \$9 million should be available for grants for Calendar Year (CY) 2005. Continuation awards within an approved project period will be based on satisfactory progress and will affect the amount of funds available for new competitive grants.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Government or non-profit agencies which are licensed ambulatory care facilities and provide or can provide comprehensive family planning services in conformity with state and federal regulations.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. A licensed ambulatory care facility that can provide clinical family planning services and community education in accordance with state and federal guidelines.
2. Medical provider or has applied to become one.

APPLICATION PROCEDURES:

1. Contact Office of Director (see below).
2. Based on funding availability for new projects, a formal request for applications will be published by the program.
3. Prepare Grant application in accordance with formal request for application requirements.

FOR INFORMATION CONTACT:

Office of the Director

Maternal, Child and Community Health Services

50 East State Street, 6th Floor

P.O. Box 364

Trenton, New Jersey 08625-0364

TELEPHONE: (609) 292-5616

FAX: (609) 292-9288

E-MAIL: Sandra.Schwarz@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED

Letter of Intent due to funded programs by June 1, 2005 application to be received by July 1, 2005 for January 1, 2006 grants.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start date of grant.